## SAN LUIS OBISPO COUNTY WEIGHTS AND MEASURES COMPLAINT FORM

To best assist you in resolving your problem, we will need to collect information, such as your name, contact information, and details of your complaint. Please fill out the following form and submit it to the San Luis Obispo County Department of Agriculture/Weights and Measures, 2156 Sierra Way, Suite A, San Luis Obispo, CA 93401. You may attach additional pages and/or related documents as appropriate.

YOUR CONTACT INFORMATION		
Your name:		
Your address (optional):		
Telephone number (should we need additional information):		Preferred time to be contacted:
Would you like us to contact you with the results of our investigation	ation?	How?
Email address (optional):		
INFORMATION YOU HAVE ABOUT THE BUSINESS		
Business name:		
Physical address:	City:	Telephone number:
Name and/or description of owner or employee:		
Date and time problem occurred:	Where did it happen?	
Did you retain a receipt, bill or statement?		
WHAT IS YOUR COMPLAINT?		
Describe the nature of your complaint. Write down the events le specific dates, times, individuals you dealt with and the actions you dealt with an action you dealt with an action you dealt with a dealt wi		
Who else have you contacted regarding this matter?		
What would you like to see done? What is your proposed soluti	on?	
Office use only Date complaint was received:	revi	ewed by: